

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works  
**MONTHLY ESTIMATE**

FOR THE MONTH OF March

Date: March 29, 2010

CONTRACTOR: Hawaiian Building Maintenance

ADDRESS: 1003 Bishop St Suite 20202

City, State ZIP: Honolulu, HI 96813

Contract No. 56992 ☒

DAGS Job No. 12-20-2594

PROJECT TITLE: Leeward Community Health Center Air Conditioning System Improvements

**CONTRACT**

Basic Contract Amount \$ 405,000.00

**CHANGE ORDERS**

Total \$ 22,819.00

Adjusted Contract Amount \$ 427,819.00

FOR INSPECTION BRANCH USE	
<input checked="" type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
DUE MONTHLY:	
<input checked="" type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input type="checkbox"/> PAYROLL AFFIDAVITS
MONTHLY ESTIMATE CHECKLIST	
<input type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input checked="" type="checkbox"/> ALL SIGNATURES	

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>		<u>Change Order</u>		<u>Total</u>
Completed to Date	100.00%	\$ 405,000.00		100.00% \$ <del>22,819.00</del> 19,295		\$ <del>427,819.00</del> 424,795.00
Retained		\$ 10,125.00		\$ <del>570.00</del> 412.00		\$ <del>10,695.00</del> 10,107.00
Amount Subject to Payment		\$ 394,875.00		\$ <del>22,249.00</del> 18,813.00		\$ <del>417,124.00</del> 413,608.00
Payments to Date		\$ 360,450.00		\$ 13,950.00		\$ 374,400.00
Payments Now Due		\$ 34,425.00		\$ <del>8,299.00</del> 9,803.00		\$ <del>42,724.00</del> 39,288.00
Payment No.	<u>4</u>					
Remarks:						

1. Computed and Checked by:

for: [Signature] 08/26/2010  
3. Recommended: Project Inspector or Engineer Date:

[Signature] 08/26/2010  
4. Recommended: Area Engineer/Architect Date:

[Signature] AUG 30 2010  
5. Approved: Branch Chief or District Engineer: Date:

[Signature] AUG 30 2010  
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

Hawaiian Building Maintenance  
Name of Contractor

[Signature] -BYEC. WIR 8/16/10  
By signature / Title: Date

### BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII

**Department of Accounting and General Services  
Division of Public Works**

For the Month of: March

**CONTRACTOR:** Hawaiian Building Maintenance  
**PROJECT TITLE:** Leeward Community Health Center Air Conditioning Sys

**Contract No.: 56992**  
**DAGS Job No.: 12-20-2594**

CLOSED								
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	<u>% CMPL</u>	<u>RETN %</u>	<u>CONTRACT AMOUNT RETAINED</u>
	Hawaiian Building Maintenance	General	BC - 27276		\$405,000	100.00%	2.5%	\$10,125

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	hawaiian crane			\$9,000	\$ 9,000.00	100.00%	0%	\$0
	fed's wiring service	Electrical	BC - 3905	\$60,000	\$ 60,000.00	100.00%	0%	\$0
	unitek Insulation	Asbestos	C - 11851	\$10,000	\$ 10,000.00	100.00%	0%	\$0
	unitek Technical Services	Insulation	C - 15299	\$60,000	\$ 60,000.00	100.00%	0%	\$0
	BJ Brothers painting	Painting	C - 16383	\$11,000	\$ 11,000.00	100.00%	0%	\$0
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	Total Retained from Subs							\$0

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$10,125
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I certify that the above retentions are correct for this request.

## Hawaiian Building Maintenance

Name of Contractor

**By Signature**

Date \_\_\_\_\_

Checked/Verified by:

Initial - Project Inspector or Engineer

**NOTE:**

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

**CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION**

**STATE OF HAWAII**  
**Department of Accounting and General Services**  
**Division of Public Works**

For the Month of: March

CONTRACTOR:	Hawaiian Building Maintenance	Contract No.: 56992
PROJECT TITLE:	Leeward Community Health Center Air Conditioning Sys	DAGS Job No.: 12-20-2594

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	%	RETN %	CHANGE ORDER
								AMOUNT RETAINED
	Hawaiian Building Maintenance	General	BC - 27276	\$22,819	\$22,819	100.00%	2.5%	\$570

	SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
	unitek Insulation	Asbestos	C - 11851	\$10,305	\$10,305	100.00%	0%	\$0
	unitek Technical Services	Insulation	C - 15299	\$5,795	\$5,795	100.00%	0%	\$0
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						#DIV/0!	10%	\$0
	Total Retained from Subs							\$0 B

CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$570
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I certify that the above retentions are correct for this request.

## Hawaiian Building Maintenance

Name of Contractor

Checked/Verified by:

Initial - ~~Project~~ Inspector or Engineer

### By Signature

Date \_\_\_\_\_

NOTE:  
Columnar totals shall be equal in dollar value to that on  
the Monthly Estimate Sheet

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 4

**PROJECT TITLE:** LEEWARD HEALTH CENTER - AIR CONDITIONING SYSTEM  
IMPROVEMENTS

**BILLING MONTH:** March-10

**DAGS JOB NO.:** 1 2-20-2594

**CONTRACT NO.:** 56992

**CONTRACTOR:** HBM ACQUISITIONS, LLC

**VENDOR CODE:** 29892700

**Original Contract Payment**

Suffix: 1

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B06-418M	\$12,000.00	(\$22,425.00)	\$34,425.00
<b>Totals:</b>		\$12,000.00	(\$22,425.00)	\$34,425.00

**Change Order Payment**

Suffix: 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B06-418M	\$2,918.00	(\$1,945.00)	\$4,863.00
<b>Totals:</b>		\$2,918.00	(\$1,945.00)	\$4,863.00

<b>Grand Total:</b>	\$14,918.00	(\$24,370.00)	\$39,288.00
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*Lloyd Ogata*      8/31/2010  
Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    29892700

Cost Code      3A1

Voucher No.    9015

Verified By    *PS*      9/2/10